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INVITED COMMENTARY

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Endovenous treatment to obliterate the saphenous vein may be performed by several techniques, including radiofrequency ablation, laser treatment, or foam sclerotherapy. In this study, Dr Merchant reports the data from an ongoing multicenter prospective registry of radiofrequency ablation treatment. Clinical and duplex follow-up was performed within 1 week, at 6 months, at 1 year, and yearly thereafter. A total of 1006 patients and 1222 limbs were treated; most involved the greater saphenous vein above the knee. Vein occlusion rates ranged from 83.5% to 88.2%. Clinical symptom improvement was noted in 70% to 80% of limbs with anatomic failure and in 85% to 94% of limbs with anatomic success.

There is no question that endovenous saphenous vein ablation is here to stay. The stage was set for such a procedure by the determination that patients had better results with varicose vein surgery if the saphenous vein was removed along with saphenofemoral ligation, rather than with ligation alone.[1] Saphenous vein ablation, even in the presence of deep venous insufficiency, can improve the manifestations of chronic venous insufficiency.[2] As indicated by the authors, three randomized trials have established the superiority of endovenous radiofrequency ablation to saphenous vein surgery. The importance of the current study is to show the durability of endovenous radiofrequency closure over 5 years. Two disappointing aspects of the report include the fact that patient symptoms did not correlate with anatomic success or failure and that body mass index correlated with anatomic failure. It is exactly in this type of patient that endovenous ablation is most appealing as opposed to operative ligation and stripping. Additionally, before radiofrequency ablation is embraced as the best method for saphenous vein ablation, more comparisons to laser and foam sclerotherapy, techniques that have shown excellent results, should be performed.[3,4] Nonetheless, this study is an important contribution to our understanding of the durability and efficacy of this new modality for the treatment of saphenous vein reflux.

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